MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

8662

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2334

City St Louis (No. St. John's Hosp. St. ..... Ward)

2. FULL NAME Katherine Sante

(a) Residence. No. 3324 Liberty St., 15 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 9 mos. 12 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Louis Sante

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10th 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	65	9	10	

8. OCCUPATION OF DECEASED

235

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

1

PARENTS

10. NAME OF FATHER Jacob Schachner

10

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Anna Eberle

10

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Louis Sante
(Address) 3324 Liberty St

15. FILED FEB 20 1929 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-20 — 1929

17. I HEREBY CERTIFY, That I attended deceased from October October, 1928, to 2-19, 1929 that I last saw her alive on 2-19, 1929, and that death occurred, on the date stated above, at 3:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Perforating Duodenal Ulcer
117B
129
36 hours duration (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Shock + Peritonitis
36 hours (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

1

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 2-19-29

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) J. J. Hammond, M. D

2/20, 1929 (Address) Beaumont Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sunset Burial Park — DATE OF BURIAL 2-22 1929

20. UNDERTAKER Wm Schumacher — ADDRESS 3013 Meramec

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.